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Original

THE DIETETIC AND MEDICINAL TREATMENT OF TYPHOID FEVER IN CHILDREN.

BY LOUIS FISCHER, M. D.

Professor of Diseases of Children at New York Clincal School of Medicine.

My first paper on this subject was published in the New York Medical Record in December, 1897. In it I gave a series of clinical experiences with this form of modified milk, as suggested by Professor Gaertner, of Vienna. My experience was gained in the course of the hot summer months, at a time when only the best form of food can be assimilated. I need not recall the experiences of each and every physician who handles a large number of infantile disorders, especially those classed under the heading of "cholera infantum."

The old rule of "stop all milk and merely give the stomach a rest for a short time, and then cleanse the alimentary tract by lavage" still holds good. At the same time we have frequently found a series of cases that died of inanition, as well as from practical exhaustion, owing to a lowered vitality from having the food stopped. When milk was again resumed, in one-half our cases we usually found the same clinical picture presented as that one previous to the discontinuance of the milk. In other words, the former vomiting and diarrhea and all further gastric disturbances reappeared when former methods of feeding were resumed.

We in a large city have to contend with a great many elements embodied in the words, "poor hygiene." To attempt to describe the homes of the majority of children suffering from gastro-intestinal trouble in our city would be needless. Suffice it to say that the over-crowding in apartments, with consequent poor ventila-

tion and last but not least, improper food, it is no wonder that these children are sick. The wonder is rather that so many recover.

Permit me now to invite your attention to the following series of cases in which this new form of food has been given a careful trial:

A female child was brought to the children's department of the German Poliklinik, with a history of having high fever, intense thirst, loss of appetite, being very restless and tired, and a desire to sleep most of the time.

On questioning the child she complained of a severe headache and pains in the abdomen. The child had always been in good health, with the exception of having had the measles three years ago.

The mother further stated that the child had had diarrhea for the last six days, to which latter she attributed the exhausted condition of her child.

The physical examination of the child gave the following status praesens:

A thin, emaciated child, pigeon-breasted, a very high, tympanitic abdomen. The examination of the lungs showed some sonorous and sibilant rales. There was some cough and a slight viscid (mucus) expectoration. The heart sounds were feeble, but no murmurs were audible, although a slight blowing (anemic) murmur could be heard in the carotid artery of the neck. The liver was apparently normal. The stomach seemed tender on palpation and was quite distended with gas. The spleen was very much enlarged and could be easily mapped out by both palpation and percussion; it was also very sensitive on pressure. There was distinct gurgling in the ileo-cecal region. The child had from six to seven evacuations from the bowels during the day and equally as many during the night. The mother said that the child had had 15 stools in 24 hours. The urine was scanty, high-colored, contained an excess of phosphates, no albumen, no casts and gave a sulpho-diazo-benzol reaction. The skin showed one small lenticular-shaped rose-colored spot at the umbilicus. The pupils responded to light; no ophthalmoscopic examination was made. The temperature taken in the rectum was 103 degrees at 2 P. M. The pulse was 120; dicrotic in character.

The diagnosis of typhoid fever was then made. The child was ordered to bed and carefully watched. The temperature at 9 P. M. was 104. There were slight signs of delirium, and the same symptoms as previously reported continued. The child was given cold sponge baths, consisting of equal parts of alcohol and water every hour, the head was shaved, an ice bag applied to the head, one grain of calomel given every two hours, and Gaertner Mother Milk given for both thirst and nourishment, in its natural state, with no dilution.

The following day the child's temperature in the morning was 102 3-5, and rose in the evening until it reached 104. The same treatment was continued, with the exception of giving a gradually cooled bath in the following manner: The child's body was immersed up to its neck in a tub of water at a temperature of 90 degrees, and ice cold water added to it until the temperature of the bath was lowered to 80 degrees. When the temperature of the bath rameined at 80 degrees the child was kept immersed for two minutes longer, so that the duration of the bath was in all about five minutes. These baths were ordered to be given every six hours, and seemed to have a very decided tonic effect on both the heart and nervous system. The temperature after my first bath did not go beyond 102. No antipyretics were given, as I believe they all tend to act as cardiac depressants. An occasional draught of sterilized water, to which was added diluted phosphoric or muriatic acid (10 drops of the latter) to a tumblerful of water, seemed not only to quench the thirst, but also to brighten the little patient. The calomel was continued for two days, was then discontinued for two days, and then one-half the dose previously given was given for two days more, and then discontinued.

The child was under treatment in all about 11 days, when the temper-

ature came down by lysis until it reached normal, where it remained after the eleventh day. It was not necessary to continue the spongings or baths after six days of treatment.

A few interesting points about this case are worth noting:

First. That there were no gastric disturbances during the course of the only food (Gaertner's Fatty Milk) that the child consumed about 40 ounces during the day, and equally as much at night.

Second. The condition of the stools was also worth noting. They were of a greenish yellow, containing very few curds, which curds dissolved easily in alcohol, showing them to be fat and not casein. They were quite evenly divided in the stools, not in large, cheesy lumps.

The above statements apply to the first three days of treatment, whereas, during the last week of treatment this condition changed and the stools were of a more solid constituency, and showed very little or no fat. No unpleasant eructations followed this line of treatment.

A great many more similar cases could be cited, but I do not wish to trespass upon the space of your esteemed journal; but with your permission will quote from a letter received to-day from Professor Escherich, of Gratz, Austria:

In writing to me about the value of Gaertner Milk he states that in order to demonstrate the absolute value of this form of milk it is only necessary to bear in mind that in an experimental examination of my own child we found that 98 per cent. of the fat was utilized, and only the balance 2 per cent. of fat remained in the feces. This shows conclusively how much of the food remains in the body, and the absolute ease with which it is assimilated."

An interesting chart, showing Escherich's success, has recently appeared from the pen of Libman, in the New York Medical Journal, February 26, 1898.

Another equally interesting lettter of several received from Dr. George MacCracken, of Philadelphia, wherein he writes: "What I particularly desire to impress is the use of the fat milk exactly as it comes from the separator in both adults and children, when suffering from gastric and gastro-intestinal disorders and in typhoid fever."

I used it exclusively in typhoid fever for the following reasons:

First. That it quenches the thirst.

Second. It is easy to digest.

Third. It does not produce as much tympanites.

Fourth. That it is relished by the patient, not having the milky taste of whole milk, and containing more food value than diluted milk.

The experience attained by me, I believe, justified the use of this new form of diet in typhoid fever, and I am persuaded that if we can sustain life by a palatable and easily assimilated food, and do not rush haphazard into using stimulants, we can attain the normal standard of health in a scientific manner.

I invariably insist on giving sterilized water, to which the albumen of a raw egg is added. I have also given light broths of beef, veal or mutton. It is absolutely necessary to give these broths only when they are freshly prepared.

The prognosis of our cases of typhoid fever does not, in my opinion, depend on the amount of drugs that we can put into a disordered alimentary canal, but rather on eliminating, by the method above suggested, with calomel, and in addition giving the above diet.

One point more. It is wise to remember, too, that calomel is transformed in the human economy into bichloride of mercury; hence, it is likely that some of the merits of this drug may be attributed to this latter condition. The vital difference between cow's milk and Gaertner's humanized milk consists in the reduction of the excess of casein to one-half the quantity previously contained in cows' milk. The normal percentage of fat is, however, retained, thus giving the milk a fatty appearance, and still have less proteid for digestion.

To this I can attribute, as have also other writers on this subject, its easy assimilation and its high nutritive value.

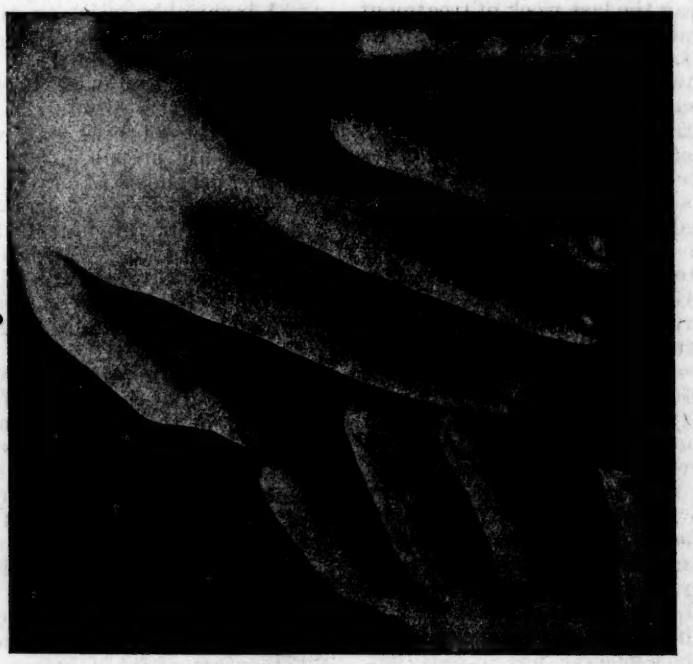
—187 Second ave., New York City.

A CASE OF FAVUS OF THE NAILS.

BY FRED. J. LEVISEUR, M. D.,
New York.

Favus of the nails is a rare affection, but perhaps not so rare as is stated in most of the text-books, for some cases are possibly not recognized by the physician, or, if recognized, are not reported. It is a priori a surprising fact that the nails escape infection in the majority of cases, though they are continually exposed to contagion through the process of scratching, and the fungus may find an ideal resting place under the free border of the nails. The following case was sent to me by Dr. F. W. Lilienthal, of this city:

Miss K. K., a native of Russia, 17 years old, came to this country 12 years ago. At that time she suffered from an affection of the scalp,



which, according to her own description, was very likely favus. When she was 13 years old her scalp improved very much and was almost well for two years, but got worse again during the last two years. A year ago her nails became affected, starting with the index finger of the left hand. In a short time the disease showed itself on the fourth finger and the thumb of the left hand, and finally on the nail of the fourth finger of the right hand. The nails have the appearance as if a foreign substance had penetrated from the front backward, lifting the nail in an

irregular manner from its bed and turning its horny layer upward. The latter showed no microscopical changes, except a slight change in color. It was easy to scrape away the yellowish brown accumulations, exposing cavities which, on two fingers,reached almost to the root of the nails. Mycelia and spores of the achorion were found in the scrapings. The scalp of the patient shows unmistakable signs of an old favus, particularly the characteristic slightly depressed bald spots.

In almost all the cases of favus of the nails reported in literature evidence of the disease on other parts of the body, either in the present or past, was always found. In this way the diagnosis which otherwise would depend entirely on microscopical examination is rendered less difficult. In the cases of tricophytosis of the nails which came under my observation it was noticeable that the disease had first attacked the nail from the back or from the sides, and the horny layer was primarily affected, showing a furrowed, pitted and brittle condition. These conditions are also occasionally met with in eczema and psoriasis. In syphilis the nail, if affected, becomes at first dull in color, or shows numerous white spots; later on it becomes thin and soft in the region of the lunula, and finally its entire surface is dry, lustreless and furrowed. This condition, called onychia sicca, is, according to Fournier, not rare, especially in cases with extensive alopecia, or affections of the mucous membranes.

Another form of syphilitic onychia, mostly seen in women, is characterized by brittleness of the free borders of the nails, which break easily.

As regards treatment of favus of the nails, as much as possible of the diseased nail and accumulations underneath should be removed by cutting and scraping. After this has been done I recommend that a strong parasiticide—carbolic acid, for instance—be applied, and finally, in order to protect the patient from auto-inoculation, the affected area be painted with collodium, or tincture of benzoin containing sublimate (1 per cent.). This treatment must be repeated and kept up for some time, taking into consideration the great obstinacy of the disease.

—640 Madison avenue.

—Reprinted from Journal of Cutaneous and Genito-Urinary Diseases, May, 1898.

Editorial

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PIPERAZINE.

The value of piperazine as a solvent of uric acid and uratic concretions and its therapeutical importance in the treatment of chronic and acute gout, stone, renal colic and other forms of uric acid diathesis has been proved during the last few years, not only by pharmacological experiment, but more especially from extensive clinical experience.

Recently renewed attention is called to piperazine by frequent favorable reports in the medical press. Professor R. W. Wilcox, of the Post-Graduate Hospital, New York, has written on "A Phase in the Treatment of Goutiness" in the Medical News, November 27, 1897. As the dispensing of Piperazine, owing to the very hygroscopic nature of the drug, is accompanied with difficulty Professor Wilcox employs Piperazine Water. He states, "So far as my knowledge goes piperazine water is the method of choice for the administration of this drug, because perfect solution in proper dose and quantity of menstruum is obtained."

In the Philadelphia Medical Journal, April 23, 1898, Professor Augustus A. Eshner reports the following interesting case:

There came under my observation in March, 1894, a youth 17 1-2 years old, on account of recurrent attacks of pain in one or the other loin, at varying intervals for a period of eight or nine years. As a child of 5 he had had an atack of hematuria, unattended with pain, and for four or five years subsequently he had similar attacks at intervals of from a week to a month. From this period on the attacks were attended with pain, but free from hemorrhage. It was stated that the pain would appear in either hypochondrium (never in both at the same) and extend to the loan. These attacks were repeated about once a month at first, but they subsequently increased in frequency, until they recurred once a week or oftener, usually occurring at night, and lasting from six to eight hours. Hematuria had occurred once again about a year before the patient came under my observation. There had never been jaundice, nor an appreciable swelling, although the loins and hypochondria appeared slightly tender on manipulation. The urine, examined a day after a paroxysm, was found to be perfectly clear, of amber color and acid reaction; it had a specific gravity of 1020.5 and failed to react to tests for albumin and sugar. It contained a moderate number of

colorless blood corpuscles and a small number of red cells.

After a brief period of observation a diagnosis of renal calculus was made and confirmed by Dr. T. S. K. Morton, who now saw the case in consultation and suggested the use of diethylene diamin (piperazine) in doses of five grains thrice daily, largely diluted with water. After six days of this treatment, in conjunction with a milk diet and rest in bed, the patient felt certain sensations, pointing to the descent of a foreign body down the left ureter, and in the course of a few hours more signs of a stone in the bladder were present, although this condition had been excluded previously by vesical exploration. A sound now introduced into the bladder came in contact with a body that conveyed the sensation of a gritty blood-clot, measuring about one-quarter inch in its smallest and three-eighths inch in its longest diameter. Dr. Morton concluded from this examination that we had to deal with a descended renal calculus, having its outer layers softened—perhaps as an effect of the action of the piperazine. The lad was anesthetized on the following day and litholapaxy performed by Dr. Morton. The calculus was easily caught and crushed, and the fragments were evacuated by the Bigelow washing apparatus, 18 grains of debris being removed. This material proved to consist of uric acid. The outer layers were soft and plastic, as if the denser portions had been dissolved away, leaving only the matrix of blood and mucus.

The patient continued to take piperazine, gr. 5 thrice daily throughout one week in every month, and for nearly nine months he felt well and was free from all distress. He was then seized with an attack of pain in the right loin, lasting for ten hours, but unattended with hematuria. Three months later, in May, 1895, another and prolonged attack occurred, micturition being for several days attended with pain and the urine tinged with blood. After this there was almost constant pain in the right hypochondrium and loin for a month, which disappeared upon administration of piperazine. The patient was now comfortable for four months, when, in September, 1895, the pain returned in an aggravated degree. Sweating at night occurred, with fever, the temperature on one occasion reaching as high as 105 degrees or 106 degrees F. At this time also a clot of blood was observed in the urine. As piperazine was causing gastric derangement, with nausea and vomiting, and occasioned distressingly increased frequency of micturition, so great at night as to disturb sleep, it was deemed justifiable to prepare the patient for operation upon the right kidney, in the hope of removing any concretions that might be present in the renal pelvis or the ureter. The patient was urged to continue meanwhile taking the piperazine twice daily. On October 5 he became conscious of the presence of a foreign body in the bladder, without preceding pain or premonition, and on the following day he passed two small calculi, which were unfortunately lost in the urinal. The urine was obstructed twice in its flow and the click of each stone was heard as it struck the basin.

The patient again took piperazine for a short time and remained free from serious discomfort (save cerebral concussion in consequence of falling from a bicycle) for more than two years, when the pain in the right loin returned. The administration of piperazine was resumed, and after four weeks the young man found the flow of urine suddenly obstructed, with subsequent dribbing and the passage of a few drops of blood. Early in the morning of the following day he became conscious of a sense of pain in the perineum, which gradually advanced forward, and on attempting to pass urine at bedtime a clot of blood and finally a calculus as large as and not unlike the shape of the kernel of a good-sized almond were expelled from the urethra without effort or noteworthy pain or hemorrhage.

The calculus, which measures 18 mm. in length, 10 mm. in width and 8 mm. in thickness, and weighs 18 3-4 grains, is somewhat ovoid in shape, with accuminated extremities and a partly smooth and partly mulber-

ry-like surface, through which passes an oblique groove upon one side. It has a dull lustre, and is of a somewhat ochre-brown color in general, although whitish at one extremity, as if it might have been exposed, in this situation, to the influence of some solvent or disintegrating agency. It is, I surmise, a uric acid formation; I have not submitted it

Renal calculus (actual size) passed by the urethra.

to chemic analysis, as I wished to preserve it intact. The accompanying illustration, kindly made by my friend, Dr. J. Madison Taylor, represents the actual size and portrays the general appearance of the concretion.

This case appears to me to be of more than ordinary interest, partly by reason of its long duration, but more especially on account of the happy therapeutic results. That the calculus was expelled with so much ease is probably explained by the fact that the urinary passages had already been dilated by the expulsion of previous but smaller calculi and the urethra in addition by the employment of the lithotrite nearly four years ago. That there will be no recurrence I feel no assurance, and I have accordingly advised the patient to continue taking piperazine twice a day for six months, then once a day for a year, and after that every second day for another year.

While we were not thoroughly convinced at first that the good effects in the case were attributable to the use of piperazine, I have no longer any doubt upon this point. The demonstration has been nearly as positive and as convincing as a chemic reaction. Dr. Morton, upon whose suggestion piperazine was, as I have already stated, used in this case, informs me that he has lost opportunities for operation in a number of instances by a like use of the drug, and Dr. D. D. Stewart, who was among the first to use it in the United States, and has had with it considerable experience, speaks with much enthusiasm of its therapeutic utility in the presence of uric acid calculi. In any event it would seem that, except in urgent cases, operation for uric acid calculi in the genito-urinary tract should not be undertaken until a fair trial with piperazine had failed

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THE MEDICO-CHIRURGICAL COLLEGE MAY CONFER D. D. S., PH. G. AND PH. D. DEGREES.

Judge Gordon has dismissed the exceptions of the Philadelphia Dental College, which sought to restrain the Medico-Chirurgical College from conferring graduate degrees in dental surgery and pharmacy. The Medico-Chirurgical College's petition to so amend its charter as to comprehend this broadening of the institution's field of usefulness has accordingly been granted.

Judge Gordon's opinion in full is as follows:

"In the matter of the petition of the Medico-Chirurgical College of Philadelphia for an amendant to its charter.

"Sur exceptions of Philadelphia Dental College.

"We are of opinion that under the original act of incorporation of this college, on February 12, 1850, and its supplement of the 10th of April, 1867, the institution possesses the power to confer degrees in Dental Surgery and Pharmacy.

"The original act of incorporation empowers the college among other things to establish a Department of Instruction in 'Surgery (including dental surgery) and Pharmacy.' The supplemental act of 1867 confers upon the college 'all the rights, immunities and privileges as to lectur-

ing, granting diplomas and conferring degrees in medicine as is possessed by the officers and professors of the University of Pennsylvania at this time.'

"As was said by the Attorney General of the State in an opinion touching the right of colleges to confer degrees: 'The conferring of a degree simply marks a step in the educational career of the student. It is the expressed judgment of the faculty that he has attained a certain degree of proficiency, and a diploma is granted as the evidence of such degree. The value of a degree depends entirely upon the character and standard of the institution conferring it. It may mean much or it may mean little.'

"We believe that the general grant of powers to this corporation comprehends the right to grant diplomas and confer degrees evincing the proficiency of its students in the various branches expressly authorized to be taught. Moreover, the original act of incorporation specially excluded the right to confer the degree of Bachelor of Medicine or Doctor of Medicine, which would seem to have been a legislative interpretation that but for this exclusion the right to confer these two degrees would have been included in the general grant of powers. While it is true that a proviso or exception to an act cannot enlarge the language of the act or amplify a grant of power, still it may have effect and value as indicating the general legislative intent.

"The third section of the act of incorporation recites: 'That no enumeration of powers, privileges and duties herein contained shall be so construed to exclude others not enumerated which are necessary to the fulfillment of the designs and purposes of this act, and not inconsistent with its express provisions and limitations.' It can hardly be claimed that the granting of degrees in Dental Surgery and Pharmacy is inconsistent with any express provision or limitation in an act specially conferring the power to establish a department for the teaching of dental surgery and pharmacy, or that the granting of such degrees is not necessary to the fulfillment of the designs and purposes of the act of incorporation. Conclusive force, we think, must be given to this argument in view of the special exclusion in the act of two particular degrees in medicine above referred to.

"Again, the supplementary act of 1867 amplifying the original act of incorporation, brushed away even this limitation upon the power of the college to confer degrees and granted plenary authority to confer all the degrees in medicine possessed by the University of Pennsylvania at that time.

"Why should not this grant of power include degrees in dental surgery and pharmacy? Are not dental surgery and pharmacy branches of 'medicine?' The students in dental surgery are instructed, we are informed, in anatomy, physiology, chemistry, therapeutics, materia medica, pathology, and other branches of medical science, while in pharmacy chemistry, physiology, materia medica and therapeutics are branches of instruction. Indeed, the later and better tendency is to closely ally both pharmacy and dental surgery to the parent science, medicine, and to have the students in all three of these sciences matriculate with the same institution.

"The growth in the dignity and efficiency of dental surgery is largely due to the fact that the practitioners in this art to-day, unlike their representatives in the past, are educated carefully in allied medical studies. For this reason most of the great colleges of medicine have now regularly established schools or departments in dental surgery and pharmacy, and the students in these branches seek institutions where they may have the advantage of medical clinics.

"The powers asked for in the amendment now before the Court, we therefore think, are already included in the chartered rights of this college, but for the improvement and clarification of the charter the amendment asked for is proper and should be allowed.

"Even if we had doubt as to this view we still regard the amendment asked for as a proper one, and within

the scope of judicial power and it would be granted.

"The petition is therefore allowed and a decree will be made accordingly.

"JAMES JAY GORDON."

THE NEW ERA IN THE TREATMENT OF GONORRHEA.

Professor E. Finger, of Vienna (Die Heilkunde) distinguishes three epochs in the local therapeutics of gonorrhea. In the first, which antedated the discovery of the gonococcus the treatment consisted in the use of astringents, while in the second epoch, during which the gonococcus was recognized as the active cause of the urethral inflammation, recourse was had to antiseptic and astringent remedies. Quite recently a third era in the local therapy of this disease has been initiated, which is characterized by the employment of drugs which act simply as antiseptics, or, at least, have only feeble antiseptic power. Among these Dr. Finger has lately resorted to the use of protargol, the new silver proteid compound, which has been so highly recommended by Professor Neisser. He has given it a careful trial in 40 cases of acute gonorrhea, most of them being seen during the first week of the infection, and none of them having been previously subjected to other treatment. On the ground of his observations he coincides completely with Neisser in regarding protargol as a very efficient anti-gonorrheal remedy, which, if employed at an early period exerts a prompt and favorable influence upon the course of the disease in the majority of cases, arresting all acute manifestations, causing rapid disappearance of the secretion and gonococci, preventing extension of the process to the posterior urethra, and usually giving good results even in fully developed cases of anterior and posterior urethritis. To obtain permanent results, however, the injections of protargol (one-quarter of 1 per cent. to 1 per cent.) should be kept up for a number of weeks, after which astringents should be resorted to in order to prevent recurrence. One of the advantages of protargol especially emphasized by Finger is its freedom from irritating effects upon the urethral mucous membrane, which renders it particularly suitable for Neisser's method of prolonged injections.

We have in the North long been in the habit of speaking of Southern railroads so disparagingly that it almost requires a practical demonstration to get out of one's head the notion that because some Southern railroads are poor all are not necessarily bad. Recently I traveled from Louisvile to Washington over the Chesapeake & Ohio Railroad and I can truthfully say that I have never taken a trip in more commodious cars or over a more comfortable roadbed. The coaches were vestibuled throughout and were of first-class character. At either end of the day coaches, for instance, in addition to a closet was a little wash room, with towel and soap supplied. Ordinarily railroad managers evidently think that the only people who care to keep clean are the parlor car passengers. Even on the Pennsylvania from Washington to Philadelphia I noticed that the day coaches had no such conveniences. But what, perhaps, more than anything else in our rushing country appeals to the through passenger is the rate of speed. This was excellent, and when a stop had to be made it consisted of the shortest possible time. Altogether it would be difficult for the most captious or luxuriously inclined passenger to find any fault with a trip on an express train over the Chesapeake & Ohio.

ERNEST B. SANGREE.

CLINICAL SURGERY AND SURGICAL PATHOLOGY

In charge of T. H. MANLEY, M. D., New York

RESEARCHES ON THE BACTERIA IN SOME CASES OF GONORRHEAL RHEUMATISM AND SOME CONSIDERATIONS ON THE NON-OPERATIVE TREATMENT OF THE MALADY.

BY L. MARTEL.

(A memoir presented to the Surgical Society of Lyons.)

Since our attention has been directed to localized gonorrheal affections of the articulation by our honored master, Dr. Ollier, we have had occasion to observe in the service of clinique 12 cases. We had none that were suppurating. But we thus study on several other cases illustrating various types of the affection, though we by no means would have it include all. We wish simply to submit a few observations on the bacterial history and the therapeutics of gonorrheal arthritis.

The pathology of gonorrheal arthritis is still in the domain of theory and speculation. Different authors view this condition diversely.

Thus Koenig at the late Congress of German Surgeons declared he never saw a case, and before him Dieulafoy, Widal, Guyon, Jane, Ambert, Knox, Jacquet, Hasland, Bokard and Wertheim had taken a similar view. But of late years the researches and classic works of Petrone, Bouguet, Kammerer, Hall, Hathley and several others, it has been conclusively demonstrated that gonorrheal infection of the joints is a common condition.

Finally, it may not be without interest to know that the infected fluid of what we call gonorrheal arthritis may contain any of the pathogenic germs of inflammation, besides the gonococcus of Neisser. The pathogeny of gonorrhea has not yet been definitely classified by the revelations of bacteriology. This was clearly demonstrated by the treatise of Lee.

Our communication is based on 12 cases. In the first eight we punctured the articulation. These were made from the fourth to the thirtieth day. The quality of the liquid withdrawn was: (1) Acute hydrarthroses, green and purulent; (2) chronic hydrarthroses, liquid, opalescent; (3) acute arthritis, serous liquid; (4) pseudo-phlegmonous arthritis, liquid, dark and generous.

The punctures were made with a Roix sterilized syringe. Removed 20 cc. 10 cc. were distributed in sterilized tubes, and then injected into the peritoneum of a guinea pig. Cultures were made with gelatine agara gar and bouillon. TheO fluids were centrifuged and then mountings made, when the different staining procedures were reapeadtedly made.

The results have been negative all along the line. The micro-organism was not detected, either before or after the liquid was centrifuged. The cultures were all sterile. No harm came to pigs except from trauma of the peritoneum. These researches were interesting, because of their negative results.

Each case presented some special features, but in all they were symp-

tomatic. There was no radical intervention. Our punctures were not intended for therapeutic effect, and in none did we inject the joint.

It cannot be said that the punctures in any manner influenced the course of the disease.

There are generally but two forms of this malady. In the first there is a marked hydrarthrosis, with inflammatory complications of the outlying parts.

In the second form the arthritis presents three types: (a) Arthritis with acute effusion, (b) arthritis pseudo-phlegmonous, (c) acute dry arthritis, with a tendency to early anchylosis, described by Ollier as "arthritic sache-ankylosis."

What is the evolution of these forms?

Evidently from the bacterial researches there is no particular etiology. The examination of the simultaneous discharge of the urethra in the male is generally always positive, though often of a doubtful character in the female, as with her the gonococci may present variable characters.

What had been the treatment?

Each case presented certain special features, though all had common characters. Treatment in the main was symptomatic; no sanguinous intervention was practiced. The punctures made in all cases were followed by injections.

Immobilization in a comfortable adjustment always was followed by a reduction of the swelling and subsidence of inflammation and pain.

When anchylosis was feared the limb was liberated and motion of the joint made under an anesthetic. When inflammatory symptoms had subsided friction was made, electricity was applied and the iodides given internally. In some cases various local medicaments were employed, as pilocarpine, the salicylate of methyl, mercurial friction and pommades of the iodides, but in no instance with marked effects. We never employed any active treatment for the urethritis, which, by the way, is all these cases was very severe and protracted.

In most cases the results of treatment were satisfactory with restoration of the joint. We have never met with the suppurative form.

The dry form, that in which the effusion is plastic and adhesions are early, is always a grave form. Certain to impair the use of the joint.

Note.—Those cases of secondary metastatic gonorrheal infection are not very infrequent, and they constitute one of the most important class of lesions that the surgeon of late years has to deal with. Their diagnosis is by no means simple, and the befogged practitioner may try, and try in vain, the whole range of ordinary remedies on them without avail. Prognosis he cannot make, for he knows not what he is dealing with. In the female the number of these cases is legion. First, the internal genitals being involved, as well as the urethra and vagina, and as in the male the infernal germ may seize on the vesical mucous membrane, the ureters, the renal pelvis or cortex of the kidney itself. Next, the cervix is specially susceptible to gonorrheal poison and finally any of the joints may be invaded. The writer has recently encountered a case of a most severe form of phlegmasia alba dolens of a gonorrheal character in a young married woman, the infection being communicated by her husband. He saw also a very severe case of gonorrheal arthritis in the wrist joint of a young girl under 16 years old.

Next in importance to diagnosis in this class of cases is prompt and energetic treatment, constitutional and local.

My own line of action has been when a case is seen early to employ antiphlogistics, colchicum internally with free action of the emunctories, then free mercurial inunction, pressed to the point of salivation.

Finally, locally, free leeching of the joint and hot fomentations.

When the violence of the malady is checked bandage pressure and support of the limb are indicated. Neglected cases may run an interminable course and end in anchylosis or destruction of the joint. In one of

my own cases, of the suppurative type at the knee, am id-thigh amputation had to be done to extinguish the fever and anguish and save life.

T. H. M.

GONORRHEAL PHLEBITIS.

BY MM. DRS. MONTEUX AND LOP.

—Gazette Hebdom. 5 Mai, 1898.

Infectious phlebitis consecutive to gonorrhea is now occasionally conceded to occur. Woelker, in his inaugural in 1868, was the first to call attention to it, and Empis the same year published the report of a case. Later came the observations of Fouilloux in '69, others following from different cities and countries having since contributed to the subject of gonorrheal phlebitis.

In some of the cases regarded, however, there was good reason to question the etiology.

The following is an illustrative case: A young man of 20 years contracted gonorrhea in March, 1897. Found no hereditary history, was not a drinker or bicyclist. Fifteen days after the urethral discharge began he was seized with severe arthritis at the ankle. This ran for about eight months and terminated in a moderate anchylosis.

On the sixth day after the arthritis began he was seized with rigors and severe pain in the right thigh.

On evacuation nothing special was noted except marked tenderness on Scarpa's triangle. The next day the entire limb was edematous and intensely painful. The saphenous vein could be felt as a thickened, hard cord. Bluish patches along the surface indicated that the saphenous vein was thrombosed.

This condition remained for 26 days, when resolution set in. During the course of the phlebitis the urethral discharge remained the same as to quantity and quality. This then was a typical case of gonorrheal phlebitis, but one might object that no microscopic examination had been made, as it appears from the examination of the blood in these cases the gonococci may be present or not, and their conclusions are on this point negative and contradictory.

It may be observed that phlebitis of the internal saphena almost invariably occurs as a complication in all cases of gonorrheal inflammation of the ankle, as testified to by More and Le Roy, Stratigopaulos and Gouget.

T. H. M.

INFLATED RUBBER CYLINDERS FOR CIRCULAR SUTURE OF THE INTESTINE.

Halsted states that the objections to circular enterorrhaphy without such mechanical aids as bone bobbins, bone plates and buttons, may be removed by the employment of rubber cylinders in the manner indicated in this paper by a series of very clear and excellent plates. The following advantages are claimed for the inflated rubber cylinder in circular suture of the intestine: (1) The vermicular action of the bowel is arrested over the bag, and the stitches can, consequently, be placed at regular and proper intervals; (2) the distended bag unrolls and spreads out to a fine edge the everted raw edge of the intestine and enables the operator to place the stitches with great precision at the desired distance from the edge; (3) if distended intestine is to be sutured to collapsed intestine or intestine of larger to intestine of smaller lumen, the smaller may easily be expanded to fit the larger piece; (4) very little handling of the intestine itself by the operator is necessary; the tube from bag to syringe is used as a handle to rotate and elevate the parts to be united; (5) the cylinder takes the place of at least two assistants, and the operation could readily be performed without an assistant; (6) it presents escape of intestinal contents, and hence dispenses with injurious clamps or the fingers of assistants; (7) the entire operation, exclusive of suture of the abdominal wall, can be performed on dogs in five or six minutes, and probably in less time.

—Bull. Johns Hopkins Hosp., Feb., 1898.

EXCISION OF ILIAC ANEURYSM.

Dollinger showed four months after the operation a man of 32, from whom he had removed an aneurysm of the right external iliac artery. The patient had had a pulsating swelling in the right groin for some two years, but could trace it to no traumatic cause. The aneurysm was situated at the opening of the right external iliac artery into the femoral, and was two and one-half inches long by one and one-half broad; it had grown very rapidly during the past few months. The patient could not stand the pain of digital compression, so that an operation became necessary. The Hunterian operation was regarded as risky, as the artery could not retract and there might be severe secondary hemorrhage; and the recent statistics of Delbet induced the author to adopt a modernized form of Antyllus' procedure. The prognosis in the matter of liability to gangrene was most favorable, as it was found before the operation that a collateral circulation already existed. An incision was made parallel to Poupart's ligament, the aneurysm pushed forwards and the peritoneum upwards, the artery was tied nearly an inch above the former. The narrowed femoral, which was only of the size of the temporal, was next ligatured, and the sac dissected out and removed. The limb at first went pale, but under massage it became yellowish, and finally of the normal color. The patient made an uninterrupted recovery, and when shown had good usein his limbs.

—Pest. med.-chir. Presse, 1897, No. 49.

TREATMENT OF GANGLION.

Unsatisfactory results often follow attempts at treatment of this simple, but troublesome, affection of the wrist; but the following is usually attended with excellent results: The affected part is first thoroughly cleansed, then four drops of undiluted tincture of iodine injected into the cyst by means of a hypodermic syringe; next, a pad of wool is placed over the swelling, and pressure exercised upon it by means of a roller bandage. The dressing is taken off at the end of four days, and the operation repeated if necessary. The cyst nearly always disappears after the second injection, but if it does not the ganglion should be excised. The injection of iodine cures without leaving any scar, without causing any deformity, without material pain and without suppuration.

—Lacourt, These de Paris, Feb., '97.

HOW THE COMPRESSION OF THE CAROTIDS MAY BE UTILIZED IN SURGERY TO EFFECT ANESTHESIA.

M. Jaboulay (Bull. Du Lyon Medical) says that one may effect prompt and effective anesthesia by the compression of the carotids.

The carotids need be compressed but a few moments. We will notice that the patient straightens out, closes the eyes and becomes quiet. The visage becomes blue at first, and then pale. Consciousness is partly, but not completely, lost.

It is now we may reduce a dislocated shoulder or coaptate the ends of fractured bones. Our patient remains unconscious for a few moments after pressure is removed. It is now that we may examine a fractured hip, make an incision or any other rapid movement.

This is recommended when other anesthesia is not to be had, or when a brief period of anesthesia is desirable.

—Indian Lancet.

PEDIATRICS.

In Charge of DR. L. FISCHER.

POLLAKURIA URICA.

Oscar Kraus, in Carlsbad (Allgemein, Wien. Med. Zietung, Feb. 15, 1898) describes in detail this form of disease. The term was first introduced by Dieulafoy. It means a desire to urinate frequently, and where the desire is more frequent than normal.

The article will certainly repay careful reading, as it describes in detail the symptoms and the anatomical causes for the same.

The author's large experience enables him to arrive at scientific deductions, and his statements are therefore of great clinical value.

L. F.

THE DIAZO REACTION IN NURSLINGS.

Dr. N. Umikoff (Jahrbuch fur Kinder 1, 2, 1897) arrives at the following conclusions:

First. It never appears in the urine of nurslings, but is always found in pathological conditions.

Second. High temperatures in children do not affect the reaction.

Third. Catarrhal pneumonia (acute) and also chronic does not give this reaction.

Fourth. Neither in diphtheria nor varicella do we have this reaction.

Fifth. Otitis, coryza, lymphadenitis, bronchitis, pleuritis, gastro-intestinal catarrh, colitis, congenital syphilis, eczema, erythema—In the above mentioned diseases we do not have a reaction.

Sixth. In erysipelas and morbilli the reaction is almost always present.

Seventh. The severer the attack of erysipelas or measles the more pronounced the reaction. When the severity of the disease vanishes the reaction loses its intensity.

Eight. This reaction can be found in the urine of nurslings one or two days before exitus, no matter what the nature of the disease may be.

Ninth. The prognosis can at times be guided by the intensity of the reaction, because the more pronounced the reaction the severer the disease.

Tenth. In lethal cases the reaction remains until death, plainly pronounced; therefore the intensity of the disease and the reaction in the urine go hand in hand. L. F.

FLOATING KIDNEY IN CHILDREN.

Comby, of Paris, reports (Annal. de Med., 1897) six cases of floating kidney in girls ranging in age from one month to 14 years, the majority of them suffering with gastric disturbances, besides patosis of the abdominal organs.

In two cases the author believes that tight lacing (corsets) was the etiological factor. In two cases there was distinct evidence of congenital lues. In one case, a child 33 days

old, and another one three months old, both kidneys were found floating, so that the author believes them to have been congenitive.

Guinon has also reported cases of floating kidney in children 4 to 5 years old.

THE VALUE OF DRY CUPPING IN PNEUMONIA.

Dyspnea occurring in the course of lobar pneumonia is frequently a very distressing symptom. The lung being consolidated and the air passages obstructed, the capillaries and blood vessels generally being engorged, we certainly cannot alleviate this so-called internal hyperemia until the natural current of the circulation is re-established. Certain palliative measures are recommended. In olden times blood letting, so-called venesection, had its indications, but today we find that local depletion can be simplified by applying dry cups to the chest.

The plan is the following: From three to six dry cups (small size) are applied over the affected area, and allowed to remain about five minutes. In this manner we can produce an external hyperemia and divert the internal hyperemia to the surface. They are reapplied over the same region in about 12 hours if necessary.

Simple as this remedy appears, the writer has frequently found almost instantaneous relief afforded by this simple mechanical procedure, especially during the first few days.

L. F.

DIPHTHERIA.

In the Medical Times for April, 1898, we find an article by E. Lee, offering a plea for vito-chemic cause of this disease, versus the microbic theory and treatment by animal serum.

Commencing with an elaborate description of his various theories, the writer states that the primary factors of disease include foreign matter and cases of quantity and vitiated quality of food.

The secondary factors are to be included under pathologic fluid products within the body, the result of abnormal chemic action, with or without abnormal temperature.

The secondary causes are those serious factors of disease constituting a large variety of toxines and all blood poisons. It is at this moment that the germ theory of disease finds some apparent support from an imperfect understanding of the relations of micro-organisms.

Without going any further it strikes us that the first cause wherein the writer states, "including foreign matter," is the specific factor causing disease, and this factor is certainly nothing but a micro-organism.

We know that pathogenic bacteria are found within and without the body, and that as long as the system remains in a perfectly healthy condition this bacteria cannot enter the system and cause disease. On the other hand, the moment the system is in a subnormal condition the germs can enter and develop disease.

The toxic formation is so well understood and so simple, that it needs but one word. We all know that micro-organisms when assuming an active state, as they do under favorable conditions of growth when in the proper cultured medium, as they have within the body, develop their toxines, which have been frequently isolated in the laboratory. These toxines are the deadly poisons causing paralysis, in some convulsions. We certainly must take issue with the writer, who, although apparently very sincere, forgets the proven facts regarding micro-organims.

More striking, however, is the author's statement in regard to the anti-toxine treatment of diphtheria, and certainly show their animus or lack of experience with the same. It is certainly a well-established clinical fact that anti toxine properly used (by this I mean proper quality and quantity) can and does cure every case of diphtheria of the so-called Klebs Loffler infection.

We shall in some future issue detail the form of the latter treatment.

L. F.

NEWS ITEMS.

Professor Ludwig Weiss, of the New York School of Clinical Medicine, has just sailed for Europe to complete a series of courses in genito-urinary and allied diseases. He intends to devote especial time with Dr. Fenwick, of London; Professor Guyon, in Paris, and Caspar, in Berlin, besides devoting some time to dermatology with such men as Professor Unna at Hamburg. We wish the Doctor good luck on his mission, and he will certainly be a very welcome member to his profession on his return. He proposes to do special consultation practice with genito-urinary diseases. L. F.

PROFESSOR ADOLF BAGINSKY, OF BERLIN, HONORED.

Professor Adolf Baginsky, of Berlin, the talented director of the Kaiser and Kaiserin Children's Hospital, has just received an additional honor, which the New York Medical Record and the Philadelphia Medical Journal see fit to recognize. It is with equal pleasure that the "Times and Register" announces the fact that this distinguished gentleman has been made an "Honorary Member of the Society of Pediatrists at Moscow." We are also informed that an equal honor has been bestowed on Professor Von Leyden at Berlin.

It is a source of pleasure to announce that the Children's Hospital has a large number of pavilions for the separate treatment of scarlatinal diseases. There exists a diphtheria pavilion, also a measles pavilion, and pavilion for the treatment of mixed infections. Also a pertussis pavilion. The hospital has a very specious surgical pavilion for the management of all infantile surgical disorders. There is a large isolating or so-called observation pavilion. Besides these there are numerous chemical and bacteriological and pathological laboratories. There are the post-mortem rooms for the study of pathological specimens. We commend this institution because of its able management, and take pleasure in congratulating its noble director.

L. F.

Current Medical Literature.

APPARENT DEATH FROM POST-PARTUM HEMORRHAGE.

Gimbert, of Cannes, records a case in which on his arrival at the bedside he found the child born and hemorrhage going on; in a vessel there was a litre and a half of blood, and the bed was soaked. The inert uterus reached to the umbilicus; the pulse could hardly be felt. It was 8.30 A. M. With one hand the aorta was compressed, with the other towels soaked in boiling water were rubbed on the abdomen; ergotin was injected, stimulants were given to drink. The uterus rapidly contracted and the placenta was delivered, accompanied by a fresh gush of blood. But the loss of blood, estimater at three litres, was too much, and the patient sank, with all the signs of apparent death. Instantly the body and head seemed to shrink; the skin was cold as a corpse. No heart beats, pulse, respiration, nor reflex of any kind could be detected. Straightway the patient was placed across the bed, head low on the nurse's knees; direct insufflation of air, from mouth to mouth, with rhythmic traction of the tongue was practiced; hot applications were made to the chest. There was no effect at all. There was at hand a pan of filtered, boiled water holding 300 g.; into this 3 g. of salt were thrown, and a syringeful (20 c. cm.) was injected into one thigh, while stimulation was continued. No result. It was 9.10 A. M. A similar injection was made into the other thigh. After a third injection (60 c. cm. in all) the patient made a little sound; still the heart gave no sign. A fourth injection was made, after which a little fluttering was felt in the right radial artery; some facial contractions and a conjunctival reflex appeared, and attempts at inspiration commenced. Very hot coffee, bouillon and cognac were slowly given by the mouth; the heart beats could be heard, the breathing became better, the skin warmer. It was a quarter to 10. At 11 A. M. resuscitation was assured. At 3 P. M. the patient could be left. The eventual recovery was satisfactory. The author, in commenting on the case, discusses the part played by the subcutaneous injection of serum, to which he attributes the resuscitation of the patient, for rhythmical traction of the tongue, insufflation of air and stimulation of reflexes were unavailing until after the injections. He used this method rather than venous transfusion partly because more immediately applicable, partly because salt solution injected under the skin gets mixed with blood before it reaches the heart, instead of arriving there as salt solution, and partly because intravenous injection has too sudden an action, causing sometimes a dangerous reaction and even toxic symptoms.

—Gaz. Hebdom., Feb. 27, 1898.

THE CYSTOSCOPE IN GYNECOLOGICAL PRACTICE.

Winter has been employing the cystoscope and ureter catherization in women's diseases, and has found it of great use in some cases of doubtful diagnosis. In cases of irritable bladder, for instance, he has by means of the cystoscope seen a sediment lying in the bladder consisting of epithelium and leucocytes. He is inclined to believe that most, if not all, irritable bladders are de-

pendent on some slight inflammatory changes, and are not of purely nervous origin. In cases of hematuria where some doubt is entertained as to the origin of the blood Winter has often seen blood appear at the orifice of a ureter. In carcinoma of the anterior wall of the cervix, where the disease is apt to implicate the bladder and where symptoms referable to the bladder do not show themselves till the disease is considerably advanced; in these cases Winter has found that by means of the cystoscope he has been able to diagnose early implication of the bladder wall. Nitze's cystoscope is used. The chief indications for the use of ureter catheterization in women are: (1) In kidney diseases, particularly pyelitis, also in tuberculous kidney. Examining the condition of the remaining kidney when one has been excised. (2) Examining for renal calculus and other conditions, Casper's ureter-cystoscope is used, and catheters of the French type. The idea of obtaining a view of the whole urinary apparatus is no doubt an excellent one. It requires immense patience and perseverance to become an efficient observer with the cystoscope; this is probably the reason that it is so little used.

—Zeits. fur Geburtsh. und Gynak., Bd. xxxvi., Heft 3.

"ATROPHYING LIGATURES" IN INOPERABLE UTERINE CANCER.

Hartmann and Fredet, in a series of papers on the ligature of arteries for the relief of uterine tumors of different kinds, report in full three operations in which the disease was advanced cancer. The first patient was 67, and suffered badly from hemorrhages; the cervix was replaced by a cauliflower mass. On May 13, 1897, Hartmann opened the abdomen and divided the peritoneum close to the ureter, exposed the uterine artery, and tied it. The ovarian artery was also tied. The same was done on the opposite side. There was very marked but never complete cessation of the bleeding. The patient died of cachexia on January 1, 1898. In the second case the patient was 45. The uterine arteries were tied on October 15, 1897, and the patient left the hospital on November 11 and has not since been heard of. The third patient, 39 years of age, had a vast cancerous ulcer opening up the uterus from the vaginal side. Hartmann and Fredet ligatured the right hypogastric artery, the left utero-umbilical trunk, both ovarian, and the right round ligament artery. This latter was tied, because at the necropsy of the first case that vessel was found previous though not enlarged. The operation was performed on October 11, 1897. The hemorrhages, for which it had been undertaken, were only checked for a few weeks, and the patient died on January 10, 1898. Complete reports of the necropsies of the first and third cases are given, with diagrams showing the different methods of securing the arteries. The best plan is to expose and tie the uterine artery in the ovarian fossa behind the broad ligament. The results, however, are very questionable; the bleeding is but checked, the growth of the tumor hardly affected.

—An. de Gynec. et d'Obstet., Feb., '98.

SUCKLING AND THE TYPHOID BACILLUS.

Talamon and Castaigne observed two cases of typhoid fever in women suckling their infants. The first patient had been delivered three months when the fever set in. The milk and the blood exhibited clearly the agglutinative properties of Eberth's bacillus. The blood of the suckling did not agglutinate. The second mother was taken ill with typhoid fever four months after delivery. The agglutinative power in the blood and milk was very strong. The infant had suffered for a month from severe gastro-intestinal disturbance. Then its blood was found to agglutinate, and it was weaned. The agglutinative power diminished, and at length disappeared. The child was again put to the breast, and very soon its blood again agglutinated the bacillus of Eberth. Talamon and Castaigne believe that the intestinal irritation in the case of this infant was not an effect, but

rather the cause, of the agglutinative principle being passed with unusual ease and rapidity into the circulation.

—L'Obstetrique, Jan. 15, 1898.

TARNIER'S FORCEPS IN CASES OF RETENTION OF THE AFTER-COMING HEAD.

G. Saguet was summoned to a difficult case of labor, and found a 9 parous woman, 45 years of age, partially delivered. There had been a pelvic presentation, and the very large fetus had been with difficulty drawn through the vulva as far as the shoulders. The head, in an extended position, was still at the brim, the chin being posterior; considerable traction had been made with the help of two fingers in the mouth, and the Mauriceau and Champetier de Ribes maneuvre had been tried without result. Further traction only led to fracture of the maxilla of the dead infant, and to the giving way of the neck also. Forceps (Tarnier) was then applied to the head without anesthesia—there was no chloroform available—and after about 15 minutes' traction the child was born. It weighed 16 pounds. Saguet emphasizes the value of the application of forceps, especially the Tarnier axis-traction instrument, to the after-coming head in breech presentations.

—Union Med. du Nord-Est., Feb. 15, '98.

THE EARLY TREATMENT OF SYPHILIS.

Neumann holds that no remedy can be depended upon to ward off the onset of constitutional symptoms in syphilis; the most that results is their temporary postponement. He admits, however, that exceptionally abortive treatment appears to be successful. Mercury and iodine are specific antisyphilitic remedies, which do not destroy the cause of syphilis, though they control its products. No other remedy is yet known which acts directly on the cause of syphilis, whatever that may be, and of this many proofs can be adduced. Thus the abortive treatment would, if these remedies acted on the cause of syphilis, utterly destroy it before it could take possession of the whole organism. But of 100 cases thus treated in Neumann's clinic not one remained free from secondary symptoms. Again, saturation of the organism with mercury or iodine does not prevent relapses, which have occurred up to 55 years after infection. Late syphilitic manifestations appear most frequently on the very sites of the early lesions, which would be impossible if the cause of the disease had been destroyed. Per contra mercury and iodide are often ineffectual in well-marked syphilis. By whatever remedies and in whatever manner treated from 6 to 22 per cent. of syphilitics remain uncured; that is, develop tertiary symptoms. From these considerations Neumann concludes that the symptomatic treatment of syphilis is the sole rational one, and that it acts by establishing a temporary or permanent immunity to the ever-present cause of the disease. The "chronic intermittent" treatment of Fournier referred to above is not to be recommended, as the results obtained by it are no better than by the symptomatic method.

—Wien. klin. Rundschau, 1897.

THE ELECTRICAL TREATMENT OF NEURASTHENIA.

Apostoli lays down the following postulates in the electrical treatment of neurasthenia, a subject which has been recently so much advanced by the discoveries and inventions of d'Arsonval. Neurasthenia is a clinical affection, which is best understood and treated after dismissing all thought as to its etiology. It is projected, as a rule, on a background either of hysteria or of arthritis; these color the symptoms differently, and necessitate different treatment. Electricity properly used, quite apart from its curative properties, is a veritable touchstone in the detection of neurasthenia. Electricity may be accepted as the routine treatment for the affection, the particular variety to be employed varying with the subject. Local applications, especially at the beginning of the attack are, as a rule, inferior to general electrical means, such as static baths, or baths connected with alternating currents of

great rapidity. The more neurasthenia is complicated by peripheral nervous troubles, such as hysterical hemi-anesthesia, the stronger is the indication for the kind of electricity whose peripheral localization gives the highest tension. Here static electricity or franklinization is required, while in arthritic forms, or where the general nutrition is obviously affected, cellular currents, or those of high frequency should be employed. The hysterical form of anesthesia may yield to the simple static bath, but more often requires the use of sparks along the spine. Hyperesthetic hysterical subjects are best treated with very mild static electricity, no sparks being employed; the anesthetic patients are little, if at all, helped by currents of high frequency, and derive no benefit from auto-induction by the large solenoid. The arthritic class, on the other hand, are very susceptible to the shock of sparks, and are not benefited thereby; they improve greatly with rapidly alternating currents. In many cases, particularly in those in which the two classes of symptoms are combined, it may be advisable to use static electricity and the alternating currents simultaneously; galvanism and faradism are of little use in the treatment of neurasthenia.

—Annales de l'Electrobiologie, Jan. 15, 1898.

THE NATURE OF "SCURVY RICKETS."

Otto Naegeli records a careful examination of the tissues in an exceptionally well-marked example of this affection, occurring in an artificially fed child aged 11 months; only three previous cases appear to have been so thoroughly investigated. The signs of rickets were extremely slight, and the author considers that they might well be diminished as secondary. Dismissing the infective and rachitic theories of the origin of the disease, he regards it as a specific chronic general affection of small children consequent upon imperfect nutrition. It is characterized by general changes in the growing organism, especially in the blood and bones. When this condition has reached a certain height a hemorrhagic diathesis supervenes, no doubt in consequence of the constitutional debility and the well-marked clinical picture of the disease is hence evoked. The hemorrhages occur in single attacks spread over a considerable period; they are first seen in the region of the bony changes, and particularly in the calcifying border of the epiphyseal line and in the nucleus of ossification of the epiphysis. The disease has no more to do with syphilis than with bacillary infection or rickets. Whether it can be grouped under the heading of infantile scurvy cannot be stated with certainty, but probably it is not so to be classified. The true nature of the idiopathic affection under consideration cannot be stated without further histological investigations.

—Centralbl. f. allgem. Pathol., viii, 17.

GUMMATA OF THE HEART IN CONGENITAL SYPHILIS.

Lecount on the examination of a full-term child that died directly after birth found, besides well-marked lesions of congenital syphilis on the skin and lungs, four areas of focal interstitial myocarditis. The largest was on the anterior surface of the heart, midway between the apex and the base; it involved the left ventricle and the septum, and formed a white circular area 1 cm. in diameter. On the diaphragmatic surface of the heart near its right border there were three similar though smaller areas. Microscopically the appearances were those of a granuloma; there was no caseation. Syphilomata in the heart are rare in congenital syphilis. Mracek in 112 cases of heart syphilis found nine of congenital origin, and L. Hektoen added a fresh example in 1896, but none have been published since.

—Journ. Amer. Med. Assoc., Jan. 22, 1898.

PREVENTION OF UTERINE DISEASE.

Gonorrhoeal infection is now generally considered as one of the most important causes in the development of diseases of the female genital organs. The starting point is usually a gonorrhoeal process in the vagina, which extending upward into the uterus and tubes, give rise to endom

etritis, salpingitis, ovarian disease and peritonitis, and other serious lesions of the generative organs. For this reason the treatment of the primary vaginitis in as thorough manner as possible becomes of paramount importance. According to many practitioners copious irrigation of the vagina with hot water and the use of Micajah's Medicated Uterine Wafers is the most efficient, agreeable and convenient method of accomplishing this. These wafers are not only strongly antiseptic, destroying the gonococcus, but astringent and alterative, subduing inflammation and promoting a rapid return to a healthy state. (Write Micajah & Co., Warren, Pa., for samples.)—Editor.

NERVOUS LESIONS IN GASTRO-ENTERITIS.

E. Muller and Manicatide have published a preliminary note on the changes observed in the nerve cells of the brain and spinal cord in cases of gastro-enteritis in infants. The changes were of a degenerative character, and affected nuclei as well as the cell substance. They varied in intensity in different cases and in different areas in the same case. Neither the presence or absence of fever, nor the duration of the illness appeared to have any relation to the severity of the cell degeneration. The observation, as the authors point out, illustrates the extent of the toxic effects produced by gastro-enteritis.

—Deut. med. Woch., March 3, 1898.

A CLEANSING AGENT IN DISEASES OF THE NASAL MUCOUS MEMBRANE.

BY GEORGE H. STUBBS, M. D.,
Birmingham, Ala.

The sheet anchor in the treatment of hypertrophic rhinitis is cleanliness and free drainage.

I have been using for some time a preparation manufactured by the Kress & Owen Company, of New York, under the name of Glyco-Thymoline (Kress). It is a wine-colored liquid, bland, alkaline, antiseptic and non-irritating, and when diluted with three or four times its own bulk of distilled water makes a most efficient and agreeable cleansing agent for the nasal cavities, and fills every requirement necessary for preparing the mucous membrane for effectual treatment.

At the last meeting of the American Medical Association a widely-known rhinologist and laryngologist said: "The profession out of reach of the specialist can do more for the relief of patients suffering with chronic inflammatory conditions of the nasal cavities with Glyco-Thymoline (Kress) and the Birmingham douche than any one preparation I know of.' '

This, coming from so eminent an authority, is worth repeating, and after a thorough trial of the preparation I feel justified in indorsing his statement, and believe it to be worthy of this short notice.

—The Alabama Medical and Surgical Age, March, 1898.

DYSTOCIA FROM CICATRICIAL GROWTHS—CEASAREAN SECTION.

Nehkorn in a paper on a case where striated muscular tissue was found in the uterine wall, gives a remarkable clinical record of the same case. The patient was 28, and had suffered severely from pelvic inflammation following abortion three years previously. Flooding occurred before labor pains set in, the membranes ruptured, the labor made no progress for several days, and the patient on that account was examined. A very firm mass was detected in Douglas' pouch, in the region of the sacrum; it obviously impeded the fetal head. As the heart sounds were still audible Cesarean section was performed. The uterine wall was of extraordinary thickness. On the second day complete obstruction had set in, the deposit in the pelvis pressing on the rectum. The abdomen was opened; the descending colon could not be reached, so a coil of small intestine was drawn into the incision and opened. This gave relief, but the patient died ten hours later. At the necropsy a dense mass of cicatricial tissue, representing both parametric and perimetric deposit was found soldering the uterus to the sacrum. That organ was much hypertrophied posteriorly, and its thickened posterior wall rose up so as to form a sharp angle a little above the os internum. At the angle its muscular tissue was redder

than usual, owing, as microscopical examination proved, to the predominance of striated muscular fibres. Girode reported the presence of striped muscle in a uterus six years ago. In Nehrkorn's case the pelvic disease had caused many morbid changes. The rectum was obstructed, the uterus, renal pelves and calyces were dilated and the kidneys were in a state of parenchymatous degeneration.

—Virchow's Archiv, Vol. cli, part I, 1898.

APPENDICITIS AND PREGNANCY.

Pinard reports the case of a previously healthy young woman who was suddenly seized with violent epigastric pain radiating into the right iliac fossa. The next day vomiting began. On the fourth day there was considerable meteorism, but a tumor corresponding to the gravid uterus was found, with tenderness over McBurney's point. Per vaginam nothing abnormal discovered. Temperature 98.6 F., pulse 120. On the fifth day Segond operated and let out a quantity of fetid pus. During the night a living five and one-half months' old fetus was expelled, which, however, died soon after. Post-mortem there was gangrene of the appendix in three separate places. Blood from the child's umbilical cord gave pure cultures of B. coli. The author has colected 45 cases of appendicitis complicating pregnancy, the diagnosis being confirmed in 30 by operation or post-mortem. He concludes from these that (1) appendicitis may attack a pregnant woman at the beginning or at any time during pregnancy or the puerperium, (2) in most cases it causes abortion. The child dies as a rule very rapidly, as the author's case proves, from infection. (3) It is only possible to save both the mother and child when the abscess is limited and encysted. (4) Every type of appendicitis may occur. (5) The diagnosis may be difficult owing to the enlarged uterus, or still more during the puerperium, but is usually possible with care. (6) Treatment consists in operating as early as possible. A preliminary induction of premature labor is unjustifiable, since pregnancy is not always interrupted if the mother recovers. (7) Prophylaxis consists in operating in every case of relapsing appendicitis in a young girl or non-pregnant woman during the period of sexual activity to prevent future complications during pregnancy.

—Sem. Med., March 23, 1898.

GEOSOTE.

Rieck records the results of a year's use of this compound, first made by Wendt, of Berlin. Geosote is a valerianate of guaiacol, and hence is closely related to eosote, the valerianate of creosote. It is a yellow, oily liquid, soluble with difficulty in aqueous media, but readily in alcohol, ether, chloroform and benzol; it is stated to be readily absorbable by the skin, and to be of particular value when subcutaneously injected. Internally it is best given in capsules containing three grains, of which the author states that he has taken 15 at a sitting without ill effect; on another occasion he injected more than 100 grains beneath the skin of his arm without inconvenience. Geosote has a particular influence on all mucous membranes checking increased secretion, and at the same time retarding its putrefaction. Rieck has accordingly found it valuable in the treatment of diarrhea, and also in bronchial affections, in which the expectoration had not yielded to the administration of iodides. He recommends it warmly in diseases of the respiratory organs in children. The special indication, however, for this, as for all similar preparations, is in the treatment of tuberculosis. The author has used it in 76 tuberculous cases, of which he claims that no fewer than 31 were cured and 32 improved by its use. Only eight died, three of which were acute pulmonary tuberculosis, two tuberculous meningitis, and three general tuberculosis. In all of them the author graphically says the most ideal serum therapy would have been of no more use than that of an antiseptic after the guillotine. He states that the special action of geosote is to cause diminution of the tuberculous process and encapsulement of its products; it would thus act like tuberculin, but without producing a

general reaction. It is said to exert a similar influence upon tuberculous glands in the neck. In surgical cases the effects of its local use are stated to be even more obvious, and in support of this the history of a very striking case of bone and joint tuberculosis is given. If future observations bear this out geosote will be a most valuable aid to conservative surgery.

—Reprints from Deuts. med. Zeit., 1896, No. 103, and 1897, No. 63.

ORTHOFORM.

Kallenberger has used orthoform in surgical practice. It is a fine, white, non-hygroscopic powder and has the following properties: (1) It acts as a local anesthetic wherever sensory nerve endings are exposed. (2) It is non-poisonous, so that the author was able in one case to use as much as 60 grains in one week upon a large raw surface. (3) It is antiseptic. Kallenberger then relates cases illustrating the value of orthoform (1) in fresh wounds, (2) in burns, (3) in ulcers of the legs, (4) in carcinomatous ulcers, (5) in syphilitic ulcers, and (6) in toothache where the ends of the nerve were exposed. The pain mostly disappeared in three to five minutes, after which the local anesthesia was complete, and lasted on an average for 35 hours. If the exudation is very abundant an ointment should be used instead of powder, which may be washed away. In a case of ulcer of the leg, where iodoform was substituted for the orthoform there was no return of pain for seven hours. This period of freedom from pain is more marked the more prolonged the previous application of the orthoform has been. This agent also limits the exudation. Orthoform has been used internally in laryngeal ulcers, as well as in gastric ulcer and carcinoma. A chloride in addition to the base has been thus employed by Neumayer, but for surgical purposes the chloride is unsuitable owing to its irritating properties.

—Berl. klin. Woch., March 21, 1898.

LYCOCTONIN.

Marchetti gives an account of his experiments with this alkaloid, derived of aconitum lycoctonum and presenting itself as a yellowish powder, slightly soluble in ordinary water, but easily in water acidulated with acetic or tartaric acid. The minimum lethal dose in the frog is about 78 cg. per kilog. Poisoning is shown by paresis or general paralysis. In warm-blooded animals the results were mostly negative, except in very large doses. Lycoctonin possesses, in addition to a paralytic action on the central nervous system, a peripheral action on the striated muscle fibre. On the heart the effect is chiefly seen in excitation of the intracardiac "apparatus of arrest," together with a rather weak exciting action on the myocardium; it is not a very active cardiac poison. At present it does not appear that lycoctonin could be employed advantageously in human therapeutics, but probably this is not the most active principle of the plant.

—Lo Sperimentale, An. 51, f. 4.

A NEW FORM OF TUBERCULOSIS.

Ceourmont describes what he considers to be a form of tubercle similar in all its naked eye and microscopic appearances to the ordinary form, but dependent on the presence of a different micro-organism, and which he considers to be therefore an atypical form of human tuberculosis. The patient was a man aged 51, without tuberculosis, rheumatic, syphilitic or alcoholic history. As the result of a fall he injured his right elbow, which subsequently inflamed and finally presented clinical appearances of tuberculous disease of the joint, but without pain. On aspiration a reddish brown non-purulent fluid was drawn off. Examination of the joint showed the ordinary appearances of tuberculous arthritis, and sections of the swollen synovial membrane had all the microscopic appearances of tubercle, including giant cells. Subsequently the surrounding tissues were invaded and the patient died in a cachectic condition after leaving the hospital, so that no necropsy was obtained. The most careful examination of both fluid and sections failed to reveal the presence of Koch's tubercle bacillus. Guinea pigs and rabbits were inoculated in various ways with the fluid. In the former instance tuber-

cle was easily produced; in some few instances the animals died without apparent lesion. The length of survival in inoculation varied. There was often abscess formation, the glands became rapidly involved, the liver and other organs became infiltrated with tubercle. In the case of rabbits there was generally very severe subcutaneous lesion with pus formation. Pulmonary tubercle appeared, but generally the serous surfaces remained free. In the case of intravenous injection the animals died with miliary tubercle. The author was able to separate and cultiviate a streptobacillus by inoculating various media with a caseous tubercle from the liver. The organism grew freely in ordinary peptonized bouillon, which became cloudy in 24 hours at 37 degrees without producing any pellicle or odor. On gelatine the cultures developed abundantly in the form of a white deposit, thin and slightly creamy at the end of 24 hours without liquefaction. Stab cultures showed the presence of fine punctiform colonies, which, however, did not reach any large size. The organism was easily stained by gentian velvet, carbol-fuchsin, but did not retain Gram's stain. In character, microscopic examination showed that the organism was a streptobacillus without mobility, the elements being slightly rounded at the ends. Inoculation of the pure culture gave rise to miliary tubercle, caseating abscess and lesions similar to those produced by inoculation of the original fluid and the organism could subsequently be demonstrated in the various lesions. The writer suggests that in these observations a lesion similar in all its aspects to ordinary tubercle is apparently due to a micro-organism having characters completely different from those usually observed in Koch's bacillus.

—Arch. de Med. Exper., January, 1898.

AIR EMBOLISM.

Death from entrance of air into the veins is an accident which has from time to time attracted considerable attention. Begouin has recently investigated the condition with a view to ascertaining the real cause of death, and if any method of treatment is possible. Opinions have been very divided as to the mechanism which brings about death, for several physiologists have stated that large quantities of air may be introduced in the veins of animals without a fatal result. As the result of a series of experiments undertaken by the author he observed that the rapidity of death seemed to depend rather on the amount of air contained in the right ventricle, and according as this air is introduced gradually or forcibly, so there will be slowly or rapidly produced asphyxia. On post-mortem examination the author found the right ventricle greatly distended with frothy blood. He then found that by passing a very fine trochar into the right ventricle after admission of air by the veins, and aspirating, death did not take place, but on the contrary, in a very short time the animal seemed to have recovered. The author's conclusions are, therefore, that death is due to distension of the right ventricle by air and consequent right-sided asystole. Secondly, that removal of the air by aspiration allowed the ventricle to recover.

—Arch. Clin. de Bordeaux, January, 1898.

GASTROPTOSIS.

Bial, of Renver's clinic, discusses the relation of this affection to nervous gastric affections. Of great importance is the improvement produced by a mechanical treatment. By the use of a suitable binder the sensations of burning and fullness, the pains in the abdomen, unpleasant taste in the mouth, nausea, vomiting and other symptoms of a gastric neurosis disappear. In cases of pendulous abdomen, etc., it is thus possible to restore to some extent the normal relation of parts, and to provide for the intestine a firm wall of support. The author has investigated the limits of the stomach before and after the application of a binder adapted for the purpose. He gives details of three cases in which a reposition of the stomach was brought about in this way. Bial discusses the benefits of such treatment in cases of enteroptosis in which symp-

toms of a gastric neurosis are present. In such cases the effects of suggestive treatment cannot be neglected. He relates in detail two cases in which general treatment without any regard to the local condition was successful. In one case hypnotic treatment was adopted. In the other the stomach boundaries were investigated by the gastrodiaphanoscope, and this formed part of the treatment. In both cases there was considerable gastroptosis. In such cases the disease is really a general one. In women an alteration in the position of the organs is very common. If the nervous system is affected then this change in position of the viscera becomes apparent by symptoms. In such cases the trouble really arises in the centres, and not in the local conditions. The disappearance of these local conditions may not be followed by a disappearance of the symptoms, and hence the importance of the general treatment. There are cases which defy all treatment, both general and local, but in the majority of cases great improvement results.

—Berl. klin. Woch., July 19, 1897.

CRANIAL PERCUSSION.

Paoli and Mori have made an extensive series of observations on the value of percussing the cranial cavity as an aid to diagnosis in cases of intracranial disease. They begin by giving a careful account of the results obtained by percussing the normal skull. They point out the necessity of shaving the head in cases where the hair is thick, and they prefer to percuss with the finger directly on the surface. They recommend the division of the cranial surface into three symmetrical parts—frontal, parietal and occipital, and in each of these regions there are constant points, so that the note of one side may be gradually compared with the corresponding note of the other. In the case of the frontal and occipital regions there are median points as well. By their investigations they find that a dull note is found in a very limited extent, the rule being a high degree of resonance, with well-marked differences according to the portion percussed. They also find that the results vary with age and sex, and, to a certain extent, with the density of the skullcap. They also find that the sense of resistance varies in different instances. Thus in boys in the first decennium there is a very notable resonance in the note, more particularly in the temporal and parietal regions, while in some portions of the frontal (more particularly over the sinuses), and in the occipital, the note is fairly dull. In boys the subjects of rickets the note is still more resonant, and sometimes a crack-pot element is perceived. In adults the note varies to a certain extent; in women there is more resonance, the note resembling rather that obtained in childhood, and a crack-pot sound is not uncommon. In the adult man the resonance is much less than that obtained in women and children, and the areas over which the dull note is heard are much more extensive. In advanced age the opposite obtains, for in old women the resonance is considerably diminished, while in old men of the same age it is much more marked than earlier in life. The authors therefore draw attention to the fact that want of symmetry in the cranial development must be looked for. The areas which generally give a dull note are the parts over the frontal sinuses and mastoid processes, especially in young children, which the writers regard as curious in view of the fact that there are air spaces in both these situations. After ascertaining these facts the authors proceeded to examine patients with different forms of intracranial disease. Their first case was a boy suffering from epilepsy, who had fractured his frontal bone by falling. Percussion showed marked dullness all over the portion corresponding to the fracture. The patient was subsequently trephined, and considerable thickening of the dura was then discovered, with a large layer of hemorrhagic infiltration in the form of hematoma, and exactly corresponding with the area of dulness. Several other cases of fracture were similarly examined, and the writers were enabled to note marked degrees in the amount of resonance. Another case is quoted

in which, as the result of a fall, a patient lost the use of his right hand and arm and speech. On examination a wound was found over the right half of the occipital bone, and careful percussion showed a marked decrease in resonance on the left side of the head over the parietal. The patient improved considerably, and subsequently regained the use of the right hand and arm, and at the same time percussion showed a return of resonance over the left motor area. The authors consider that this method of examination is likely to prove of considerable service in certain cases of injury to the head.

—Il Policlinico, February 15, 1898.

REPAIR OF MUSCLE BY WIRE.

Lucas-Championniere contributes an article on his method of repairing ruptured muscle by means of wire in a manner very similar to that employed by him in fractures of the patella. A man, aged 50, was admitted to the Beaujon Hospital under his care with the following history: A long, heavy ladder blown over by a gust of wind struck the patient across the left thigh. Very shortly after there was extreme swelling of the part, but careful examination showed that there was no fracture. Notwithstanding this, there was complete inability to move the limb. In a fortnight's time it was possible to diagnose rupture of the triceps tendon above the patella, accompanied by considerable laceration of the muscle tissue, and there still remained considerable effusion of blood into the thigh. There was a marked hollow immediately above the patella, which became more evident on making any attempt to raise the limb, which attempt was always futile. It was easy to ascertain the absence of any fracture of the patella. Lucas-Championniere decided to operate, and found on cutting down that here remained only a short tongue of fibrous tissue representing the triceps tendon at its insertion to the patella; above, the muscle was irregularly torn and retracted. There was an opening into the synovial sac of the knee, and the articulation was filled with blood clot. The writer proceeded by inserting two silver wires into the patella and carrying them from there to the triceps tendon above, though he feared that the least traction would cause them to tear away from the latter. The patient healed rapidly, but a month later after leaving the hospital he was taken with some kind of convulsive seizure, as the result of which there was a repetition of all the symptoms in the injured limb. Lucas-Championniere cut down on the knee a second time above the cicatrix of the former operation. He found that the silver wires had not cut the tissue, but having become untwisted they had given. With the view of avoiding repetition of this accident he devised the following proceeding: Above the level of the stump of torn triceps muscle and tendon he threaded a strong piece of silver wire perpendicularly to the muscular fibres in such a manner that it could not possibly give. Then, two parallel pieces of silver wire were passed through the patella and drawn upwards so as to pass over the first transvere wire. Thus, by means of a bony base below and a metallic above, he was able to exert sufficient traction to bring the patella and the triceps tendon into approximation, these in their turn being sutured with catgut. To prevent any entanglement of the wires they were carefully doubled on themselves. Healing was rapid, and the patient left the hospital in three weeks, but was seen again seven months after the operation, when it was found he could walk perfectly; extension of the limb was complete, there was no pain, and the knee presented no abnormal characters. On examination by the radiograph it was discovered that the silver wires were broken, from which fact the writer draws the following conclusions: That in suturing the muscle and tendon by a silver wire healing results by fibrous union brought about by means of the wire acting mechanically. Should it be necessary to keep the wires permanently in place it is better to employ platinum rather than silver.

—Journ. de Med., April 25, 1898.

SYPHILITIC PHLEBITIS.

R. Heuzard comes to the following conclusions. Syphilis can manifest itself in the veins. There are two forms of syphilitic phlebitis. The first form is acute or subacute, and corresponds to the secondary period of the disease. The efficacy of treatment proves that this form is really due to the syphilis and not to a secondary affection. The other form of syphilitic phlebitis is chronic, and corresponds to the tertiary period of the disease; it may be localized (gumma of a vein) or generalized (phlebosclerosis). The phlebitis of both secondary and tertiary syphilis affects the veins of the lower extremities by preference. In regard to diagnosis, other varieties of phlebitis and lymphangitis must be excluded. The prognosis is generally favorable, the average duration being two months. The treatment should be antisyphilitic mixed.

—These de Paris, 1898, No. 179.

GASTRIC EROSION.

Dieulafoy has collected seven cases (two of his own) of superficial erosion of the gastric mucosa, accompanied by violent hematemesis. He concludes: (1) Besides the simple gastric ulcer there is a form of very superficial erosion, varying in size from a sixpenny to a four-shilling piece, for which a suitable name is "exulceratio simplex;" (2) this latter may cause even more terrible hematemesis than most cases of simple ulcer. (3) The loss of substance does not extend in depth below the mucosa, including the muscularis mucosae. The accompanying hematemesis is caused by ulceration of the arteries running in the muscularis mucosae. The opening in the vessel is usually lateral, and thus in the worst position for natural arrest of hemorrhage. (4) Clinically the disease may present all the classical signs of simple gastric ulcer, but more often its onset is insidious or completely latent until revealed by profuse hematemesis. (5) The best treatment in this form of simple erosion is by operation. The quantity of blood vomited rather than the frequency of hematemesis being the indication for operation, a large amount usually coinciding with ulceration of a large artery, a fatal condition unless remedied at once. (6) It is very important to remember while operating that the stomach may at first sight appear perfectly normal, in spite of an erosion being present. Thus, the mucous membrane must be examined very carefully, if necessary, with a lens. Occasionally patches looking like ecchymoses may serve as a guide to the position of the erosion. (7) In the absence of special indications it is sufficient to suture together the bleeding part with a small part of the healthy mucosa round it. The prognosis after operation for exulceratio simplex is better than for ulcus simplex, because of the limited extent of the former lesion.

—Bull. de l'Acad. de Med., No. 3, 1898.

HYPERTROPHIC PULMONARY OSTEO-ARTHROPATHY.

Massalongo has made a clinical and critical study of this disease, and believes that the bone changes have no pathogenic relation to the pulmonary disease nor to any alteration in the peripheral circulation secondary to the pulmonary disease. In the author's views those arthropathies are not due to any one single cause, but to many different causes, and he proposes to call the disease "secondary hypertrophic osteo-arthropathy." In the genesis of the disease more or less important parts are played by preceding rheumatic arthritis, syphilis, cachectic and infective conditions, alterations in the function of certain glands and of their internal secretions, and toxic substances produced in the diseased focus.

—Il Policlinico, Sept. 15, 1897.

PARALYSIS OF THE RECURRENT LARYNGEAL IN MITRAL STENOSIS.

Ortner records two cases of this complication which may lead to great diagnostic difficulties. The first was that of a boy of 17 with a rheumatic history, whose complaint was great dyspnea, with swelling of the abdomen and lower extremeties. Examination showed venous pulsation in the neck and hoarseness from

complete paralysis of the left vocal cord; the right carotid was beating powerfully, while the pulse in the left was extremely small and feeble. The heart was enlarged downward and outward, and also to the right. At the apex the first sound was accentuated, and there was a faint presystolic murmur, with more marked systolic and diastolic; there was a weak systolic murmur in the tricuspid area, but the sounds at the base were clear, and the pulmonary second scarcely accentuated. The diagnosis was mitral stenosis and regurgitation with tricuspid insufficiency, and an aneurysm of the arch of the aorta pressing on the left recurrent laryngeal. It was believed that the left carotid and both subclavian arteries were compressed by the aneurysm, and further that the right subclavian arose behind the left. At the necropsy it was found that the pericardium was universally adherent and the heart generally enlarged; the left venous ostium was stenosed and the bicuspid valve had a few vegetations upon it. The left auricle was enormous, extending under the left main bronchus, and pressing on the recurrent nerve, which was degenerated. The aorta and orifices of the great vessels were normal. The paralysis of the vocal cord was thus due to the pressure upon the nerve of a left auricle enlarged through mitral stenosis. The second patient was a woman of 34, also with a rheumatic history. She suffered with dyspnea, giddiness and palpitation, and of late there had developed swelling of the feet and abdomen, with hoarseness. The patient was cyanosed, and the heart hypertrophied more than dilated. At the apex there was a variable presystolic murmur, followed by a loud first sound with a systolic murmur; the second sound was feeble. At the base a systolic murmur was audible on both sides, a diastolic only on the right; the heart was very irregular. There was complete paralysis of the left vocal cord. This time the cause of the laryngeal paralysis was correctly diagnosed. At the necropsy the mitral valve showed buttonhole stenosis, and the left auricle was immensely enlarged, squeezing the recurrent laryngeal against the aorta and leading to its degeneration. There was also marked aortic stenosis, the valves being fused together so that the orifice barely admitted the little finger. The complication of paralysis of the recurrent laryngeal in mitral stenosis has not, it is believed, been previously recorded.

—Wien. klin. Woch., 1897, No. 33.

COXA VARA.

De Quervain has collected the literature of a little known deformity of the hip described recently under the name of "coxa vara" from analogy with genu varum. It consists essentially in a downward bending of the neck of the femur, the head being lower than the top of the great tronchanter. Several varieties have been described: (a) Cohgenital (rare), (b) infantile (rickety coxa vara). (1) Simple bending downward of the neck (Kocher's coxa adducta); (2) Bending of the neck downward and backward. (c) Coxa vara adolescentium. (1) Kocher's coxa adducta; (2) downward and backward displacement of the neck with rotation of the head on its long axis; (3) elevation of the tronchanter and inward rotation. (d) Coxa vara of adults (the only observed case due to osteomalacia). Frequency: This deformity, at any rate the rickety variety and that found in adolescents where there are generally no signs of ricketts, is much more common than is generally thought. Sex: Males more often affected than females. Etiology: In infancy, rickets; in adolescence probably late rickets, as in genu valgum, where the other signs have disappeared, or rarely cretinism, or possibly juvenile osteomalacia. Predisposing causes are inflammatory processes in the neck of the femur, either tuberculous or osteomyelitic, and also employments necessitating much standing or lifting of weights. Frequently an injury precedes it or aggravates the already existing condition. It is usually unilateral. Symptoms: The onset is insidious, pain, often felt chiefly in the knee, being the first symptom, then limping, with perhaps difficulty in kneeling and sitting. The pain is worst while the process is developing, but

while pain usually decreases the joint stiffness often increases progressively. Physical signs: Projection of the trochanteric region with a depression between great trochanter and glutei; thigh muscles usually atrophied; abduction of hip always limited, with tendency to adduction. Where the downward bending of the neck is combined with a backward displacement and rotation of the head the signs are more marked. The limb is then rotated outwards and adducted, while internal rotation and often flexion are impossible. The trochanter is above Nelaton's line in all cases. Prognosis depends on age. Before 5 years the deformity is due to rickets and may disappear spontaneously; after this age a functional improvement only is possible through adaptation to the new conditions. Diagnosis: From (1) forward dislocation of the head, (2) recent fracture of the neck, if after an injury there is great aggravation of the pain; (3) from old fracture with resulting deformity, (4) separation of the epiphysis, (5) congenital dislocation, (6) tuberculous disease. In the latter case the chief point is that though in early hip disease there may be slight external rotation, this is accompanied by abduction and flexion instead of adduction without flexion. Treatment: (1) Of any constitutional disease such as rickets. (2) Absolute rest in bed with permanent extension relieves the pain and improves the movements and helps spontaneous straightening in rickety cases. (3) When the case has gone on for some time and the difficulty of walking, etc., is great, some form of osteotomy (the author prefers linear of the neck) must be performed.

—Sem. Med., Jan. 29, 1898.

ELECTRIC APPLIANCES.

A somewhat recent addition to office armamentarium has been furnished by the McIntosh Battery & Optical Co., in what they style wall plate No. 6, and one of which we have been using. It consists of a marble slab arranged for galvanic and faradic circuits. A milliampere meter with an automatic rheotome and graphite rheostat controls the galvanic circuit, while the faradic is arranged with high tension induction coils and a vibrator, which may be regulated as to number of interruptions at will. The whole plate occupies a space of only 16 inches square and may be placed on a table or secured to a wall. The switches are conveniently placed and easily regulated. The plate may be connected with a 110-volt Edison circuit or to 40 cells of chloride of ammonium battery. Its operation and work is adapted to excellent office work.

OCEAN TRAVEL.

Ocean travel continues to be as popular, if not more so, than ever, especially at this time of the year. To illustrate the popularity of water travel during the spring months it is interesting to know that one of the coastwise steamers plying between Jacksonville, Charleston and New York arrived at the last-named port a few days since with 330 passengers aboard. These passengers consisted of tourists returning to their homes in the North, merchants coming to the New England and Middle States on business, and Southerners in general making a trip to the Metropolis.

When we consider the large amount of freight which a coastwise vessel carries, it hardly seems possible accommodations could be made for so many passengers. There is one steamship line operating between the above ports which perhaps does the bulk of the coastwise freight and passenger business, and when it is also known that all the rooms on this particular company's steamers are large, airy and contain two wide berths each, it will be readily seen that the carrying capacity of a coastwise ship is something wonderful.

Of course the popularity of a steamer has a great deal to do with the number of passengers carried; because a line that meets with public favor naturally draws a crowd sooner than one that does not use special means for the pleasure and comfort of their patrons. Again, a transportation company having access to both Northern and Southern

markets enables them to have their ships' tables provided with all the delicacies imaginable. This is another inducement and must be taken into consideration in arriving at the cause for the majority of the water passenger traffic on the Atlantic coast being carried by one line.

In addition to the other inducements offered the extreme courtesy on the part of a ship's officials leaves the pleasant memories already produced by the delights of an ocean voyage indelibly impressed upon the mind.

The culmination of a three-days ocean voyage during the spring months is a general toning up of the system, preparing it, so to speak, for the deluge of hot weather inevitable in the months to follow.

It is doubtful if any transportation company operating between the North and South has ever reached the climax of popularity attained by the Clyde Line, and when their new steamer "Comanche" arrived at Pier 29, East River, New York, recently with 330 passengers aboard the intense satisfaction shown on the faces of those who came to meet their friends was fruitful evidence that the latter had made no mistake in selecting the best line and the most enjoyable mode of travel.

COLOR TESTS FOR DIABETIC URINE.

Bremer says that both in diabetic urine and blood the color reactions do not depend on the presence of sugar. In two clean and dry test tubes 10 c.cm. of normal and diabetic urine respectively are placed; 0.5 mg. or less of finely rubbed up gentian violet is then allowed to drop on to the surface of the urine. In diabetic urine the superficial layers of varying depth are colored blue or violet blue, and this color does not disappear on shaking. In normal urine, even after shaking, no color, or only the faintest tra[illegible] developed. Merck's gentian violet B is the best. In low temperatures the reaction is not so marked, hence in winter it is well to place the test tube in a water bath. The addition of mineral acids or sugar to normal urine will not lead to the development of this color reaction, which is really due to the presence of reducing substances in the diabetic urine. With urines of unusually low specific gravity under 1015 the reaction may approach that seen in diabetic urines. When, however, the reaction occurs in urine of high specific gravity the presence of diabetes is certain. If non-diabetic urine of moderate specific gravity gives a doubtful reaction due to the abnormal solubility of the violet-coloring matter, there is a disturbance of metabolism. The author adds that the reaction may throw some light on some of the many obscure points in the composition and chemistry of normal and diabetic urines.

—Centralbl. f. inn. Med., April 2, 1898.

Book Reviews.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In 20 volumes. Volume XIV, "Infectious Diseases." New York. William Wood & Co. 1898.

This addition to the series of the "Twentieth Century Practice" continues the infectious diseases and opens with an exhaustive article by Dr. F. Forchheimer, of Cincinnati, on scarlet fever. While there is very little new in the discussion of this disease the doctor has handled the treatment in a practical manner.

Measles forms the subject of the next chapter, by Dr. Dawson Williams, of London, who, with the characteristic zeal of English physicians, has given an excellent account of the disease.

"Chicken Pox," by Dr. Dillon Brown, editor of "Pediatrics," forms a short chapter of considerable interest.

"Glandular Furio" follows, by Dr. Dawson Williams, and is also a short chapter of value.

"Whooping Cough" is the subject of an excellent paper by Drs. Joseph O'Dwyer and Nathaniel Read Morton, of New York, the treatment of which is exceedingly interesting.

"Cholera Infantum" forms the succeeding chapter, by Professor A. Jacobi, of New York, which, as might be expected, is a resume of the proper feeding of infants.

"Cholera Nostras" and "Asiatic Cholera" form two succeeding chapters, by Professor Theodore Rumpf, of Hamburg, the latter of which occupies the larger portion of the volume and is as masterly a paper on the subject as can be found to-day.

"Dengue," by Sir Joseph Fayrer, of London, and "Beriberi," by Dr. A. A. De Azeredo Sodre, of Rio Janeiro, follow, and are valuable papers.

"Military Fever," by A. Netter, of Paris, and "Malta Fever," by Dr. David Bruce, of the British Army, close the volume.

We are impressed more and more with the value of this series of medical literature as the work progresses and trust all our readers realize the importance of so great an undertaking by the publishers as the production of a series which is a library in itself.

MILK. By E. F. Brush, M. D., Mount Vernon, N. Y. Published by Wynkoop, Hallenbeck, Crawford Co., New York.

This monograph is a collection of papers and essays by the well-known author, who has been a pioneer in the cause of pure milk, not only for children and nurslings, but the healthy and invalid adult as well.

The doctor deals with the milk problem in all its phases and comments on the dairy care and its dangers. To those interested in the welfare of nursing children and their treatment through the hot summer months it would be advantageous to obtain a copy.

HUMAN AND BOVINE TUBERCULOSIS. By E. F. Brush, M. D., Mount Vernon, N. Y. Published by Wynkoop, Hallenbeck Crawford Co., New York.

This is another monograph on tuberculosis by the same author, and contains many of his papers on this subject, including that famous for its title, "What Must We Do to be Saved from Tuberculosis." In the preface the author states that the demand has been so great for reprints of these various papers that he has concluded to put them into book form. The subject is full of interest.